**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZA	ATION		
1 Ottovi 1	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Friends of Jim	Saxton			
ADDRESS (number and s	PO BOX 795			
(Check if address is changed)				
	Mount Holly		<u>  NJ   </u>	08060
		CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-	-mail address)		
(Check if address X is changed)	Friends09@verizon.	.net 		
(Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 1.2	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00197699		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A	)	
I certify that I have examin	ned this Statement and to the best of my kno	owledge and belief it is true, corre	ect and complete	
Type or Print Name of	Treasurer Patricia M. Walk	(er		
Signature of Treasurer	Electronically Filed by Patricia N	Л. Walker	Date 05	/ 20 / Y Y Y 0 9
NOTE: Submission of fal	se, erroneous, or incomplete information ma	ay subject the person signing this		
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-9	nmission	FEC FORM 1 (Revised 02/2009)